

CLAIMS ONLY

Application Number

Filing Date

10-867239

Applicant(s)	
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* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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44						
45						
46						
47						
48						
49						
50						
Total Indep			2			
Total Depend			14			
Total Claims			20			